APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEGMENTATION METHOD AND SYSTEM FOR MULTIPLE RASTER CONTENT (MRC) REPRESENTATION OF DOCUMENTS

		1	REPRESENTATION OF	DOCUMENTS	
Check	*a.	attached hereto.	as Application No. 10/61 nd understand the conten	2,248 and amended on _ ts of the above-identified specifi	(if applicable). ication, including the claims,
s ame	ended by any amen	dment referred to ab	ove.		
Title applie	I acknowledge 7, Code of Federal ation(s) and/or Uni	the duty to disclose the Regulations, §1.56. ited States provisionate hereby claimed:	o the Office all informati Under Title 35, U.S. Co	on known to me to be material to de §119, the priority benefits of ne or my legal representatives or 3,244, filed July 1, 2002	the following foreign
United	d States of America	either (a) more than		te on this invention were filed in dication, or (b) before the filing cion(s):	
applic		nt the following as most all business in the		full power of substitution and r	evocation to prosecute this
BERF of my	Ronald Kevin I Nola M James Willian Kirk M Thoma Edwar Robert CORRESPONDE RIDGE, PLC, P.O I hereby declard own knowledge ar	e that I have reviewed true and that all sta	XANDRIA, VIRGINIA d and understand the con- tements made on informa	Elizabeth F. Harasek Eugene O. Palazzo Mario A. Costantino Stephen J. Roe Joel S. Armstrong Christopher W. Brown Richard E. Rice Paul Tsou Eric D. Morehouse PLICATION SHOULD BE SE 22320, TELEPHONE (703) 83 tents of this Declaration, and tha	36-6400. It all statements made herein e true; and further that these
impris jeopar	sonment, or both, urdize the validity of	nder Section 1001 of the application or ar		and the like so made are punish ates Code and that such willful	
1	Typewritten Full Name of First or Sole Inventor		Donald	J.	CURRY
	•,		Given Name		Family Name
2	**INVENTOR	'S SIGNATURE:	Dona	UD Carry	
3	**DATE OF SIGNATURE:			9/	2003
			Month o Park ity	Day California State or Province	Year USA
	Citizenship:	United States Post Office Addre (Insert complete			Country
		mailing address,		California 94025 USA	

^{*}This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

^{**}Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

Page 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1	Typewritten Fi	ull Name			
	of Second Join	it Inventor (if any)	Doron		KLETTER
			Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		Dovon	Kletter	
3	**DATE OF S	**DATE OF SIGNATURE:		9	2003
•			Oct Month	Day	Year
	Residence:	San Mateo	Cali	fornia	USA
	Residence.	City	State or Province		Country
	au 11	United States	5		Country
	Citizenship:	Post Office Address:			
		(Insert complete	20 Turtle Bay Place		
		mailing address,	20 Turtle Buy Fluce		
		including country)	San Mateo, California	94402 USA	
1	Typewritten Full Name				
	of Third Joint Inventor (if any)		Asghar		NAFARIEH
			Given Name	Middle Initial	Family Name
2	**INVENTOR'S SIGNATURE:		and l	en t	
3	**DATE OF SIGNATURE:		act	Q.	2m3
3	DATEOF	JONATURE.	Month	Day	Year
	Residence:	Menlo Park	Cali	fornia	USA
	Residence.	City	State or Province		Country
		United States	State of Frontiee		Country
	Citizenship:	Post Office Address:	·		
		(Insert complete	525 Morey Drive		
		mailing address,	<u> </u>		
		including country)	Menlo Park, California 94025 USA		
1	Typewritten Full Name				
	of Fourth Join	it Inventor (if any)			
			Given Name	Middle Initial	Family Name
2	**INVENTO	R'S SIGNATURE:			
3	**DATE OF	SIGNATURE:			
			Month	Day	Year
	Residence:				
	City		State or Province		Country
	Citizenship:				
	Citizensinp.	Post Office Address:			
		(Insert complete			
		mailing address,			
_		including country)	-		
1	Typewritten Full Name of Fifth Joint Inventor (if any)				
			Given Name	Middle Initial	Family Name
			Given Name	wildale miliai	rainity Name
2	**INVENTOR	'S SIGNATURE:			
3	**DATE OF S	IGNATURE:			
			Month	Day	Year
	Residence:				
		City	State or Province		Country
	Citizenship:				
	-	Post Office Address:			
		(Insert complete			
		mailing address, including country)			
		melaunig country)			

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.